

Slinger Police Department Citizens Academy Application

Date of Application:		_	
Full Name (as it appears on your Dri	iver's License):		
Date of Birth:			
Email Address:			
Address:			
Telephone Home:	(Cell:)	(Work:)	
Driver's License Number:		State:	
Occupation:	Employer:		
Employer's Address:			
T-Shirt Size:			

Have you been arrested for any offense	other than a traffic viol	ation? Yes No
If yes, what for?	When?	Where?
Eligibility Requirements Applicants for the criteria: Live, work, or attend school in the Be at least 18 years of age Have no felony convictions Have no misdemeanor conviction Any requirement may be waived Police	he Village of Slinger ns within three years of	application
Briefly explain your interest in the Citize	·	
What do you expect to gain from attend		
How did you hear about the Citizen Poli	ce Academy?	
Please list or describe any civic activities	s/organizations you are	or have been involved in:
Will you be able to attend all of the clas		
Emergency Contact:		
Name:	Relationship:_	
Address:		
Telephone:		

Certification:

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that by participating in the Slinger Police Department's Citizen Police Academy, I will have access to facilities, areas and equipment not generally available to the general public. Therefore, I am providing the above information and I am authorizing the Slinger Police Department to verify that I am not the subject of an on-going criminal investigation, am not involved in any civil litigation with the Village of Slinger, and I do not have any felony convictions or have any misdemeanor convictions within the last three years. I understand that a background check will be conducted on me to make a determination that I am not disqualified from participation in the Citizen Police Academy. I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Applicant Signature:	Date:	
Application Reviewed By:		
Officer Assigned to Background Investigation:		

PARTICIPATION PERMIT/PROMISE TO RELEASE

NAME OF PARTICIPANT_____

During my participation in the Slinger Police Department Citizen Police Ac	ademy, I do hereby				
release the Village of Slinger and Slinger Police Department, its police officers, public officials, agents, and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have due to any and all injuries and damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am participating in the academy. For the same reason, I agree to forever, not hold, the Village of Slinger, said persons and entities liable for any such claims, demands, actions or causes of action.					
The terms above shall be in full force and effect during the period of my participation in the Slinger Police Department Citizen Police Academy.					
SIGNATURE OF PARTICIPANT					
DATE					
I hereby swear that there are no willful misrepresentation or omissions in, or foregoing statements and answers to questions. I am aware that should an invwillful misrepresentations, falsification or omissions, my application for the Ciwill be rejected by the Slinger Police Department.	estigation disclose such				

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Slinger Police Department Citizen Police Academy. The Citiat the operation of the Slinger Police Department and an ov procedures.	erview of the department's policies and
I AM AWARE THAT MY PARTICIPATION IN THE CITIZEI ME TO CERTAIN DANGEROUS AND HAZARDOUS DEMONSTRATION, POLICE FIREARMS RANGE DEMONET ACTICS DEMONSTRATIONS, TASER DEMONET ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THE RISKS OF INJURY OR DEATH.	S ACTIVITIES THAT COULD INCLUDE K-9 DNSTRATION, RIDE ALONGS, DEFENSE AND INSTRATIONS AND OTHER POLICE RELATED
Signature	DATE
AS LAWFUL CONSIDERATION for being permitted to facilities of the Slinger Police Department, I hereby a guardians, legal representatives and assigns will not Village of Slinger, its employees, agents, or represent the negligence or other acts, howsoever caused, by the Slinger Police Department, as a result of my partiadition, I hereby release and discharge the Village representatives from all actions, claims, or demands representatives or assigns now have or may hereaft my participation in the Citizen Police Academy.	agree that I, my heirs, distributees, make a claim against, sue, or prosecute the statives for injury or damage resulting from any employee, agent, or representative of ticipation in the Citizen Police Academy. In of Slinger its employees, agents, and s, I, my heirs, distributees, guardians, legal
I HAVE CAREFULLY READ THIS RELEASE OF AGREEMENT AND FULLY UNDERSTAND ITS OF A RELEASE OF LIABILITY AND A CONTRACT OF SLINGER AND/OR ITS EMPLOYEES, AGEN THIS DOCUMENT OF MY OWN FREE WILL.	CONTENTS. I AM AWARE THAT THIS IS BETWEEN MYSELF AND THE VILLAGE
Signature	DATE